

CLAIMS ONLY						Application Number		Filing Date		
						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	1					51				
2						52				
3						53				
4		1				54				
5		1				55				
6						56				
7						57				
8		1				58				
9		1				59				
10	1					60				
11		1				61				
12		1				62				
13						63				
14						64				
15						65				
16						66				
17		1				67				
18		1				68				
19						69				
20						70				
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23						73				
24						74				
25						75				
26						76				
27	1					77				
28		1				78				
29		1				79				
30		1				80				
31		1				81				
32		1				82				
33		1				83				
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41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
Total Indep						Total Indep				
Total Depend						Total Depend				
Total Claims						Total Claims				